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	Coi	Complete if Known		
Substitute for form 1449/PTO	Application Number			
	Filing Date	3/23/2004		
Information disclosuri		Shepard		
STATEMENT BY APPLICAN	Art Unit			
(Use as many sheets as necessary)	Examiner Name			
Sheet of	Attorney Docket Number	S-0007-001		

U. S. PATENT DOCUMENTS						
Examiner Initials*	Cite No.1	Document Number	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	
		Number-Kind Code <sup>2 (# known)</sup>				
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